

Who is not eligible for Crime Victims' Compensation Program benefits?

- The offender, an accomplice of the offender or any person engaged in illegal activity at the time of the crime.
- Failure to cooperate with the investigation, prosecution or with Crime Victim Services.
- Benefits may be denied or reduced if the victim's own behavior contributed to the crime.
- Anyone incarcerated when the crime occurred.
- Resources have covered all the eligible out of pocket expenses.

What expenses are not covered by Crime Victims' Compensation Program benefits?

- Damage, repair or loss to property or vehicle.
- Pain, suffering or emotional distress damages.
- Any expense that is not directly related to the crime.

Crime Victim Services is considered the payor of last resort.

- All other available third-party resources (for example, Medicare, Medicaid, personal health insurance, Workers' Compensation, Go-Fund me accounts, donations and settlements) must meet their legal obligations to pay crime-related expenses.
- The Crime Victim Services Commission must be notified that a civil lawsuit is filed in relation to the crime, if restitution is ordered by the criminal court, or if any party receives the proceeds of a settlement.

IMPORTANT INFORMATION

If your address or phone number changes, it is important that you let us know. The toll-free number for victims is 877-251-7373.

Staff cannot discuss an application with anyone who is not listed as the victim, a claimant, or an attorney representing the victim. This includes phone inquiries or any other method of communication. A business, agency, medical facility or organization cannot apply as a claimant.

If you need help completing this application, contact your local prosecuting attorney victim advocate. Or the Crime Victims' Compensation staff is also available to help by phone at 877-251-7373. You may access our website at www.michigan.gov/crimevictims to find more information on the program.

Keep this page for your records.

Instructions on how to complete a Crime Victim Application

This is a step by step guide to complete an application to apply for assistance with Crime Victim Services compensation.

Please complete all sections that apply to you. Submit application, required documentation and receipts. It is important to remember to read page 4, sign and date.

PAGE 1.

Section 1. Victim Information must be completed for all applications. The victim is the individual who was physically injured.

Section 2. Claimant information. Complete the entire section if the victim is a minor, deceased or mentally incapacitated.

PAGE 2.

Section 3. Complete this section with crime information. It is important to complete law enforcement agency information including incident number and location of crime. If you have the police report, please provide a copy.

- If you did not report the crime to law enforcement within 48 hours, please explain the reason for the delay in number 11. We may be able to apply a waiver for eligibility.
- If you are not filing this claim within 1 year from the date of crime, please explain the reason for the delay in number 12. We may be able to apply a waiver for eligibility.

Section 4. Restitution and Recovery Information. Complete this section if you know the offender's name, court information and if restitution was ordered. If you have or intend to file a civil court action, please complete numbers 9 through 13.

Section 5. Statistical information for Crime Victim program. This section is strictly voluntary.

PAGE 3.

Section 6: Complete this section for the type of benefits you are requesting. Please check as many that apply.

- If your injury is the result of a criminal sexual assault, please complete section 4. Waivers may apply.
- If you are retired by reason of age or disability, please complete section 5. Waivers may apply.

Section 7. Please complete this section if you are applying for medical, dental or counseling. Include with your application all itemized medical bills and receipts if you made payment.

Check the boxes that apply if you have any resource to assist with payments. We may be able to assist with co-pays, deductibles or other non-covered medical expenses. Submit explanation of benefit statements from your insurance company.

Section 8. Please complete this section if you are applying for funeral expenses, grief counseling crime scene clean up or loss of support. Please submit receipts if you made payment. If applying for funeral expenses, submit itemized bill, life insurance benefit statement, and/or list of donations received.

If applying for grief counseling submit itemized bills, initial assessment and goal-oriented treatment plan from your therapist and explanation of benefit statements.

If applying for crime scene clean-up submit itemized bill.

You may be eligible for loss of support, if victim is deceased and has dependent spouse or child(ren) Please submit the following: income tax returns, child support order, Social Security death benefit determination, life insurance statement.

Section 9. If the victim was working and disabled for 2 continuous weeks, please complete this section. Attach pay stubs showing gross, net and tax deduction for the victim's earnings at the time of the crime. If the victim is/was self-employed, attach copies of income tax returns for the year of your crime. Submit a doctor's letter verifying the dates you are disabled from working along with a diagnosis.

Section 10. This section is required for ALL applicants with an estimate of your annual household income. We cannot accept zero.

PAGE 4.

Please print name of victim and claimant. Read the entire page carefully. Your signature indicates our understanding and agreement to the authorization, repayment requirement, financial hardship and declaration. Please sign and date.

What is next?

You will receive an Acknowledgment of Claim letter after your application has been accepted for processing. The letter will contain your claim number and a request for additional documentation if required.

Keep this page so that you will have our address and phone number .

Please keep us updated if you have a change of address

Mail your completed application and documentation to:

Michigan Department of Health and Human Services
Division of Victim Services
Crime Victim Services Commission
Grand Tower, Suite 1113
235 South Grand Avenue, PO Box 30037
Lansing MI 48909

517-373-7373 – Main line
877-251-7373 – Victim only toll-free number
517-373-2439 – Fax
www.michigan.gov/crimevictims